

3/1/10

Salaried Employee Contribution for Health Insurance

FULL TIME RATES

| Product Type Product ID | HMO C4F5 | DPOS C3F4O2 | PPO C3F4O2 |
|----------------------------|-------------|----------------|---------------|
| Single | \$ 41.91 | \$ 64.58 | \$ 158.99 |
| Adult / Child(ren) | \$ 119.56 | \$ 159.97 | \$ 320.71 |
| Two Adults | \$ 154.30 | \$ 206.45 | \$ 424.10 |
| Family | \$ 196.75 | \$ 263.24 | \$ 550.28 |

PART TIME RATES

| | HMO C4F5 | DPOS C3F4O2 | PPO C3F4O2 |
|--------------------|-------------|----------------|---------------|
| Single | \$ 41.91 | \$ 64.58 | \$ 158.99 |
| Adult / Child(ren) | \$ 205.99 | \$ 246.40 | \$ 407.14 |
| Two Adults | \$ 314.55 | \$ 366.69 | \$ 584.35 |
| Family | \$ 447.19 | \$ 513.69 | \$ 800.73 |

Effective date - March 1, 2010

Please note that the selection of dental insurance will add the following:

| | |
|----------------------------|-------|
| Single | 2.75 |
| All other coverage options | 28.94 |